

PART B
DESCRIPTION OF PROGRAMS
PROVIDED BY DJJ

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BACKGROUND TO THIS SECTION

As part of its quarterly Status Report on Juvenile Justice Reform, the Division of Juvenile Justice (DJJ) is required to submit to the Joint Legislative Budget Committee by December 1, 2005, a “description of programs needed to serve the projected offender population, including but not limited to programs for female wards, and for all wards in the areas of mental health, sex offender treatment, gang reduction, special education and developmental disability, a description of any youth corrections model supporting these programs; an outline of proposed staffing and training changes needed to implement any new program design; a discussion of how private providers or contractors may be utilized in the new program design, an overview of the resources needed to implement a new program design, and an explanation of how these proposed reforms relate to and coordinate with the corrective action and timelines required by existing litigation, including *Farrell v. Allen* and *Wilbur v. Allen* (*Morris v. Harper*).”

As part of the *Farrell v. Hickman* (formerly *Farrell v. Allen*) lawsuit, DJJ has prepared remedial plans that describe the types of programs needed to effectively rehabilitate and treat youthful offenders committed to the state’s facilities, including remedial plans for education, disabilities, sex behavior treatment, health care, mental health care, and safety and welfare. The final two remedial plans, which were not due to be filed in court until November 30, 2005 are included in this Status Report, as they have not been available publicly until now, and because they address, in a comprehensive manner, the requirements laid out in the budget language above.

The other remedial plans were not included in the body of this report, as they have been available publicly for some time and, in fact, were addressed specifically in budget requests last year.¹ But, specific questions regarding sex behavior treatment programs, special education, and services for youth with disabilities can be found in detail in those respective plans.

While the remedial plans that follow discuss the types of staffing necessary to implement these plans and commit to dedicated and/or enhanced staffing in many areas, these plans do not commit to specific numbers of staff in each area. The Administration recognizes that specific resource allocations are the subject of budget deliberations each year. Therefore, the Administration is committing to programmatic changes rather than funding and staffing details that are subject to further approval and future changes

It should be noted that the Administration has offered to share detailed information under a protective order with the court experts and plaintiffs attorneys in order to justify the merits of the plan, but does not want to commit to this level of detail in court.

¹ The final Medical Care Plan is not public either, but it was not included in this report as it was not addressed in the budget language. The remedial plan itself will become public as soon as it is filed.

Greater detail than what is described in these plans will be provided as part of the Governor's January Budget and will be incorporated into future budgets, dependent upon legislative approval.

The one other issue required by the budget language that is not included in the remedial plans is an explanation of how these proposed reforms relate to and coordinate with the corrective action and timelines required by the *Wilbur* lawsuit. The proposed reforms are consistent with the agreements made to address the *Wilber v. Warner* (formerly *Morris v. Harper*) litigation brought by a taxpayer in the Superior Court of California, County of San Francisco. The case essentially requires that the Division of Juvenile Justice, consistent with existing statutes, use only licensed facilities for provision of inpatient (medical and mental health) services to DJJ youths. The Writ of Mandate was filed in January, 2001. The initial strategy for compliance with the case and the statutes was to seek licensure of multiple Correctional Treatment Centers (CTCs) within the juvenile facilities to provide licensed inpatient care. With the significant reduction in DJJ population, the strategy has been changed to rely primarily on contracted services (private, county and state facilities), and to seek licensure of only one DJJ CTC (H.G. Stark) at this time. All necessary contracts for licensed inpatient medical are in place and are meeting the identified needs. Contracts for licensed inpatient mental health care are in place with the California Department of Mental Health for female and male youths, and with a private hospital in Ventura for female youths. Additional contracts are being processed or bid for further licensed inpatient services for females and males. The H. G. Stark CTC staff with the support of the DJJ Health Care Services administration are preparing for a CTC licensing inspection by the California Department of Health Services in January, 2006.